



## CVR MLS Supra® eKey Application

lockbox@rarealtors.com  
(P) 804.422.5000 (F) 804.422.5051

Only active subscribers in the Commonwealth Co-Op (CVR MLS, Williamsburg, and Chesapeake Bay & Rivers MLS) are eligible for Supra® key and lockbox service. Applications must be signed by both the applicant and the Designated REALTOR®/Broker Participant. Applications received after 3:00pm are processed the following business day.

**Please provide the following:**

**Letter of good standing from primary REALTOR® association\*** *Unless RAR REALTOR® Member*

**Letter of good standing from participating Commonwealth Co-Op MLS**

**Payment information if you do not currently have a Supra® key (see page 2)**

Name \_\_\_\_\_ NRDS # \_\_\_\_\_

Real Estate License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Firm/Branch Name \_\_\_\_\_

Firm/Branch License # 0226- \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Firm/Branch Phone # \_\_\_\_\_

Applicant is a participant to the Commonwealth Co-Op in good standing with (*check one*)

CBAR PS  Williamsburg MLS  CVR MLS\* *CVR MLS Subscribers are not required to submit a letter of good standing and do **not** require the Participating Broker's signature.*

Applicant currently holds a Supra® Key issued by Primary Board name (eg. REIN, CBAR PS, etc.) \_\_\_\_\_

If Yes, current Supra® key serial # \_\_\_\_\_ PIN # \_\_\_\_\_

If No, please see page 2.

I acknowledge that I have read and agree to comply with the Central Virginia Regional MLS (CVR MLS) Rules and Regulations as may be from time to time amended. A copy of the CVR MLS Rules and Regulations can be found online at [www.rarealtors.com/cvr-mls](http://www.rarealtors.com/cvr-mls). **I understand that violations of CVR MLS Rules and Regulations, Article 12 Supra® Lockbox and Keyholder Rules including failure to following showing instructions, disclosing my CVR MLS Supra® eKey PIN and sharing my CVR MLS eKey are grounds for termination of CVR MLS Supra® eKey services.**

By signing below I consent that CVR MLS may contact me at the specified address, telephone numbers, email address or other means of communication available. This consent applies to any and all changes in contact information that may be provided by me to the CVR MLS in the future. I recognize that certain state and federal laws may place limits on such communication and as part of my subscription I am consenting to waive those limitations. I acknowledge that CVR MLS's primary form of communication with its members is electronic mail (email) and I understand that it is my responsibility to notify CVR MLS immediately of any change to my email address.

\_\_\_\_\_  
*Signature of Applicant* *Date*

Name (print) \_\_\_\_\_

\_\_\_\_\_  
*Participating Broker/ Designated REALTOR®* *Date*

Signature \_\_\_\_\_

*Participating Broker/ Designated REALTOR®\*not required for CVR MLS users.*



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If you do not currently have a Supra® key, see below.

Download the **Supra® eKey App** found in the Apple store (iPhone) or the Play Store (Android)

Activation fee is \$50, monthly debit fee is \$19.44 drafted on the 7<sup>th</sup> of every month

Indicate your preferred 4-digit PIN number: \_\_\_\_\_

Once your application is processed, a member services representative will email the Supra® Key Agreement to you. This agreement must be signed and returned to the membership department at [lockbox@rarealtors.com](mailto:lockbox@rarealtors.com) before you will receive the authorization code to activate your Supra® key.

**eKey App on your smartphone/device** [click here for approved device list](#)

\*\*At this time, the Supra® key app is not available for Windows devices.

### CREDIT CARD AUTHORIZATION

**Your account will be drafted \$50 to activate service with a monthly fee of \$19.44. Payment information can be updated online with Supra® once your account is established.**

Credit Card Type: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ AMEX \_\_\_\_\_ Discover \_\_\_\_\_ Total Amount of Charge: \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

For Keyholder Name: \_\_\_\_\_ Keyholder Number: \_\_\_\_\_

**FOR STAFF USE: Received by** \_\_\_\_\_ **Date:** \_\_\_\_\_